

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Texas

## DISCLOSURE OF ADDITIONAL REGISTRY INFORMATION

The State will disclose the following information to the nursing facility upon request in addition to that required in 42 CFR 483.156 (c)(1)(iii) and (iv):

Whether the individual was waived or not

The type of training program

Date of Birth

Social Security Number

Address

Employment history if appropriate

STATE <u>Texas</u>	A
DATE REC'D <u>FEB 18 1992</u>	
DATE APP'D <u>MAR 13 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>92-04</u>	

TN No. 92-04 Approval Date MAR 13 1992 Effective Date OCT 01 1991  
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